

CLAIMS ONLY

Application Number

" Filing Date

Applicān(s)

CLAIMS	AS FILED 12/12/00		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1						
2	/					
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9	/					
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18	X	X				
19	X	X				
20	X	X				
21	/					
22		/				
23		/				
24		/				
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46						
47						
48						
49						
50						
Total indep	4					
Total depend	21					
Total claims	25					

May be used for additional claims or amendments

	*		*		*
	Indep	Depend	Indep	Depend	Indep Depend
51					
52					
53					
54					
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98					
99					
100					
Total Indep					
Total Depend					
Total Claims					